

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
□	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
:	Restricted	O	Objected

BEST AVAILABLE COPY

Claim	Date	Claim	Date	Claim	Date
1		101		191	
2		102		192	
3		103		193	
4		104		194	
5		105		195	
6		106		196	
7		107		197	
8		108		198	
9		109		199	
10		110		200	
11		111		201	
12		112		202	
13		113		203	
14		114		204	
15		115		205	
16		116		206	
17		117		207	
18		118		208	
19		119		209	
20		120		210	
21		121		211	
22		122		212	
23		123		213	
24		124		214	
25		125		215	
26		126		216	
27		127		217	
28		128		218	
29		129		219	
30		130		220	
31		131		221	
32		132		222	
33		133		223	
34		134		224	
35		135		225	
36		136		226	
37		137		227	
38		138		228	
39		139		229	
40		140		230	
41		141		231	
42		142		232	
43		143		233	
44		144		234	
45		145		235	
46		146		236	
47		147		237	
48		148		238	
49		149		239	
50		150		240	

If more than 150 claims or 10 actions
staple additional sheet here